

| POSITION                  | INITIALS     | ID NO.       | DATE            |
|---------------------------|--------------|--------------|-----------------|
| FEE DETERMINATION         | <i>AS</i>    |              | <i>02/14/60</i> |
| O.I.P.E. CLASSIFIER       |              |              | <i>3-1-00</i>   |
| FORMALITY REVIEW          | <i>10976</i> | <i>10976</i> | <i>4-19-00</i>  |
| RESPONSE FORMALITY REVIEW | <i>10976</i> | <i>10976</i> | <i>5-5-00</i>   |

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

| Claim | Date     |    |
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| Final | Original |    |
| 1     | 10/3/63  |    |
| 2     | 2/24/64  |    |
| 3     | 6/2/64   |    |
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| Claim | Date     |  |
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If more than 150 claims or 10 actions  
staple additional sheet here

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Best Available Copy